

# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

CITY OF CAMBRIDGE ELECTION COMMISSION

| Massachusetts   |   |
|---|---|
| ile with: ity or Town Clerk or Election Commission Please print or type all in  | aformation, except signatures. 2012 JAN 181A II: 07   |
| Fill in dates: Month Date Y Reporting Period Beginning 10 21 201  | Year Month Date Year  Ending 20 2012  |
| Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding elections.   | on □30 day after election □year-end report □dissolution   |
| Full Name of Candidate (if applicable)  Cambridge School Committee  Office Sought and District  137 Chesthut St. Camb. MA  Residential Address 02139  617-576-7977  Tel. No. (optional)   | Committee to Flect Alancy Tauber  Committee Name  Anne Holtzworth  Name of Committee Treasurer  137 Chestrut St Camb. MA 02139  Committee Mailing Address  Tel. No. (optional)  |
| Line 1: Ending balance from pro<br>Line 2: Total receipts this period<br>Line 3: Subtotal (line 1 plus line 2)<br>Line 4: Total expenditures this p<br>Line 5: Ending balance (line 3 minu<br>Line 6: Total in-kind contribution<br>Line 7: Total (all) outstanding liab<br>Line 8: Name of bank(s) used  | d (page 2, line 11)  \$ 5000  \$ 9697.34  period (page 3, line 14)  \$ 4234.69  \$ 1462.65  s this period (page 4)  \$ 250.00  polities (page 4)  |
| campaign finance activity, including all contributions, loans, receipts, expe   | it is, to the best of my knowledge and belief, a true and complete statement of all inditures, disbursements, in-kind contributions and liabilities for this reporting period he authority or on behalf of this committee in accordance with the requirements of es of perjury:   |
| FOR CANDIDATE FILINGS O   | NLY: (CANDIDATE MUST SIGN BELOW)  |
| campaign finance activity, of all persons acting under the authority or or have not received any contributions, incurred any liabilities nor made any e Candidate without Committee OR Candidate with independent acti I certify that I have examined this report including attached schedules and campaign finance activity, including contributions, loans, receipts, expendent | d it is, to the best of my knowledge and belief, a true and complete statement of all n behalf of this committee in accordance with the requirements of M.G.L. c. 55. I expenditures on my behalf during this reporting period. (vity filing separate report d it is, to the best of my knowledge and belief, a true and complete statement of all ditures, disbursements, in-kind contributions and liabilities for this reporting period he authority or on behalf of this committee in accordance with the requirements of |

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

| Date<br>Received | Name and Residential Address (alphabetical listing required) |    | unt | Occupation & Employer (for contributions of \$200 or more |  |  |
|------------------|--|----|-----|---|--|--|
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| ٠                |  |    |     |   |  |  |
|                  | Total receipts in excess of \$50 (or listed above)           |    |     |   |  |  |
| ·                | Total receipts \$50 and under* (not listed above)            | 50 | 00  |   |  |  |
| Line 11: '       | FOTAL RECEIPTS IN THE PERIOD                                 | 50 | 0.0 | Enter on page 1, line 2                                   |  |  |

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

| Date Paid          | To Whom Paid  | Address  | Purpose of Expenditure       | Amo  | unt |
|--------------------|---|--|------------------------------|------|-----|
| 11/4/11<br>Rotalin | (alphabetical listing) Burga Advertising † Ringua Advertising | PO BOX 490192<br>Everett, MA 02149   | Lit Drop                     | 810  | 00  |
| 11/1/11            | Torning Morrow  | 115 Spring St.<br>Camb. 49A 02141  | Lit Drop                     | 100  | 00  |
| 10/31/11           | Royco Mailing   | 37 Washington St.<br>Melrose, MA 02176   | Mailing                      | 2135 | 34  |
| 11/25/11           | Royco Mailing   | 37 Washington St<br>Melrose, MA 02ML   | Mailing                      | 321  | ٥١  |
| 11/02/11           | Wicked Local  | Waltham, MA  | Advertise ment               | 658  | 13  |
|                    |   |  |                              | ٠.   |     |
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| ·                  |   | Province and the second |                              |      |     |
|                    |   | Line 12:   | Expenditures over \$50       | 4024 | 48  |
|                    |   | Line 13:   | Expenditures \$50 and under* | 210  | 21  |
| ]                  | Enter on page 1, line 4                                       | Line 14:   | TOTAL EXPENDITURES           | 4234 | 69  |

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

| Date<br>Received | From Whom Received*     | Residential Address                | Description of Contribution | Value |
|------------------|-------------------------|------------------------------------|-----------------------------|-------|
| 11/3             | David Helman            | 7 Novembega St.<br>Cambry, MACQ138 | Robo Call                   | \$250 |
|                  |                         |                                    | ·                           | ·     |
| ·                |                         | •                                  |                             |       |
|                  |                         |                                    |                             |       |
|                  | <u> </u>                | Line 15:                           | In-kind over \$50           | 250   |
|                  |                         | Line 16:                           | In-kind \$50 and under      |       |
|                  | Enter on page 1, line 6 | Line 17:                           | Total In-kind               | 250   |

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Date<br>Incurred | To Whom Due             | Address Purpose                        | Amount |
|------------------|-------------------------|--|--------|
|                  | ·                       |  |        |
|                  | :                       |  |        |
|                  | ·                       |  |        |
|                  |                         |  |        |
|                  |                         |  |        |
| · E              | Enter on page 1, line 7 | Line 18: OUTSTANDING LIABILITIES (ALL) |        |

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4